

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	67					
TOTAL	71					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
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